

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12612

State File No. _____

No. 300-10.48 FILED APR 3 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>849</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>				c. LENGTH OF STAY (in this place) <u>D.O.A.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Enroute County Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>924 Dwyer Ave.</u>			
3. NAME OF DECEASED (Type or Print) <u>PAUL</u>			a. (First) _____ b. (Middle) _____ c. (Last) <u>DeCOSTER Jr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 19 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>July 8, 1941</u>	
9. AGE (in years last birthday) <u>11</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 MRS. Hours _____ Mins. _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student-Mary Queen of Peace School</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Richmond Hts., Mo.</u>			
11a. FATHER'S NAME <u>Paul DeCoster</u>		11b. MOTHER'S MAIDEN NAME <u>Bernadine Brennan</u>		11c. NAME OF HUSBAND OR WIFE <u>None</u>			
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		13. SOCIAL SECURITY NO. <u>None</u>		14. INFORMANT'S SIGNATURE OR NAME <u>Paul DeCoster</u> ADDRESS <u>924 Dwyer Ave.</u>			
15. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carbon monoxide poisoning and 2nd and 3rd degree burns - suffered while asleep in his home when the house in some undetermined way caught on fire.</u> ANTECEDENT CAUSES <u>in some undetermined way caught on fire.</u> DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3. MEDICAL CERTIFICATION 4. INTERVAL BETWEEN ONSET AND DEATH							
16a. DATE OF OPERATION _____		16b. MAJOR FINDINGS OF OPERATION _____		17. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
17a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Open</u>		17b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		17c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Glendale St. Louis Mo</u>			
17d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3/19/53 12:20A</u>		17e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		17f. HOW DID INJURY OCCUR? <u>Home caught on fire while family was asleep.</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Arnold J. Williams, Coroner</u> (Degree or title) <u>Coroner</u>				23b. ADDRESS <u>Clayton, Mo.</u>		23c. DATE SIGNED <u>3/23/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 21, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-20-53</u>		REGISTRAR'S SIGNATURE <u>Heckard R. D... M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Richard H. Stover

Licensed Embalmer No. 4007

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.